∕O.				
i	• O \			,
	. ▶	Please type a plus sign (+) inside this box -	─	- 1
		ricase type a pide orgin () morae time and	_	i

Approved for use through 10:31 2002 OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE d to a collection of information unless it displays a valid OMB centre number.

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMER he Paperwork Reduction Act of 1995, no persons are required to rescond to a policition of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents

Washington, D.C. 20231

Application Number	09:826 731	
Filing Date	04-05-2001	
First Named Inventor	Jerome Cantor	
Group Art Unit	1651	
Examiner Name	Michael V. Meiler	
Attorney Docket Number		

to: Customer N OR	respondence Address for the a umber Type Customer Number		Place Customer Number Bar Code Label here
Firm or Individual Name	uerome Cantor MD		,
Address	242 92nd Street		
Address	2nd floor		
City	Brooklyn	State	ZIP 11209
Country	USA		
Telephone	718 283-7154	283-7154 718 680	
l am tha	1).		COPY OF PAPERS
I am the :	,		COPY OF PAPERS
• [X] Applicant/Ir	nventor.		COPY OF PAPERS ORIGINALLY FILED
• X Applicant/II Assignee o		sed. (Form PTO/SB/96).	
Assignee of Statement	nventor. of record of the entire interest.	sed. (Form PTO/SB/96).	
Assignee of Statement Attorney or Registered	nventor. of record of the entire interest, under 37 CFR 3.73(b) is enclosed.	ication transmittal letter in	ORIGINALLY FILED
Applicant/II Assignee of Statement Attorney or Registered executed of Typed or Printed	nventor. of record of the entire interest, under 37 CFR 3.73(b) is enclosed. Agent of record. I practitioner named in the applications.	ication transmittal letter in	ORIGINALLY FILED
Assignee of Statement Attorney or Registered executed of Typed or Printed	nventor. of record of the entire interest. under 37 CFR 3.73(b) is enclose Agent of record. I practitioner named in the appl oath or declaration. See 37 CFF	ication transmittal letter in	ORIGINALLY FILED

NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if point than since signature is required, see hellow.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a content of information unless it displays alvaid QMB control number

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents

Washington, D.C. 20231

Application Number	09 826 731
Filing Date	14 05 2 (11
First Named Inventor	Jerome Cantor
Group Art Unit	1651
Examiner Name	Michael V. Meller
Attorney Docket Number	

Customer Nun	nber Type Customer Numb	er here ····· →	Place Customer Number Bar Code Label here
OR .			
Firm Individual Name	Brocisiava Screeng	art MD	
Address	242 92nd Street	-	
Address	2nd floor		
City	Brooklyn	State	ZIP 11209
Country	USA		
Telephone	718 283-7154	718 ô	880-5099

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing. Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

Applicant/Inventor.

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or Agent of record.

Registered practitioner named in the application transmitta: letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed

Name

Far in Signal State or good 1911

NOTE. Signatures of all the inventors or assignces of record of the entire interest or their representative is care required. Submit multiple forms if more than one signature is required, see below"